CAPITOL PUBLIC EVENT/EXHIBIT SCHEDULING FORM PLEASE PROVIDE THE FOLLOWING INFORMATION

Name of Event:			Exp	ected Number in Att	tendance:	
Brief Description of	Event and/or Exh	ibit:				
Name of Sponsoring	Organization:					
Contact Person:						
Street Address:			E-Mail Address:			
City, State and Zip: _						
Telephone Number: ()			Fax Number: ()			
Name of Back-Up Po	erson:					
Street Address:			E-Mail Address:			
City, State and Zip: _						
Telephone Number:	()		Fax Number: ()			
Dates are based	d on availabi	lity only.				
Event Date:						
	Month	Day	Year	Start Time	End Time	
Exhibit:						
(Beginning Date)	Month	Day	Year	Sta	art Time	
Exhibit:(Ending Date)	Month	Day	Year	E	nd Time	
AREA(S) REQUESTED What area(s) are you requesting for your Event? Front East Steps and Walks East Lawn, NORTH side and/or SOUTH side (please circle) Ground Floor Rotunda First Floor Corridors, NORTH, SOUTH, EAST, V			What area(s) are you requesting for your Exhibit? (Exhibits are only allowed in Room 53 and on Capitol Square) East Lawn Room 53 WEST (please circle)			
AUDIO Are you planning to If yes, what time wil	l you be using the om box (to play C	ddress System?e Public Address Sys	_Yes No stem? From ked up to the Public A		Yes No	

EXHIBITS
Is a clear layout scale drawing or sketch of the proposed exhibit attached?YesNo
Are the dimensions of the space required indicated on the drawing or sketch, as well as the manner in which the exhibit will be mounted or displayed?No
FOOD AND BEVERAGES
Will food or beverages be served? (See page 8, Section G 1-4.)
Is the food being provided by a licensed caterer?YesNo Setup time? (a.m. or p.m.) If yes, please list name and phone number of caterer.
Caterer Name Telephone Number () Caterers are responsible for bringing all linens and skirting.
Will your caterer need a prep area?YesNo (There is no water access on the first floor.)
Is a copy of the food license enclosed?YesNo If no , when do you plan to submit a copy of the license to the Events Coordinator?
Is your food being served by invitation only?YesNo
CANDLES
Are you planning on using candles during your event?YesNo (See page 32.) If yes, please be aware that if wax is dropped on sidewalks and steps, you will be charged for the removal.
CANCELLATION
If your event is outside, will you cancel in case of rain or inclement weather?YesNo
TENTS AND EQUIPMENT
Do you desire to erect any tents, canopies, or shelters?
Remember: All canopies and shelters must be freestanding . If renting a tent, it is recommended to also rent your table and chairs from the tent rental company.
If yes , please list number, type, size, and description
Please list name and telephone number of the company supplying the tent.
Company Name Telephone Number ()
Do you desire to erect any equipment or props?YesNo If yes , please list and give description
WATER
Will you need a hose and water (nonpotable) for your outside event?YesNo
BANNER
Are you planning to display a banner across the front steps?YesNo The maximum length is 24 feet. The maximum width is 2 feet. If your banner is larger, you must rent banner poles or hold it.
VEHICLE PARKING
Are you planning on parking a large vehicle or a display in front of the chains at Michigan and Capitol Avenues?
YesNo Chains do not need to be dropped for deliveries and pickups.
If yes , what time will the vehicle be arriving?
Please explain what you will be parking or displaying including size

RATE SHEET

Will equipment or services be needed from Capitol Facilities? _____Yes ______No If **yes**, which of the following equipment is needed:

EQUIPMENT	NO. AVAILABLE	CHARGE PER ITEM	NO. NEEDED	FOR OFFICE USE ONLY
Banner Poles, 11 feet x 8 feet	3 sets	20.00 per set		
Pipe and Drape (for caterers' use)	3 sets	20.00 per set		
Chair (folding)	150	1.00		
Chain dropped for vehicle display parking		25.00		
Coat Rack (includes hangers)	5	15.00		
Easel	15	max. \$20 a wk. 4.00		
Electricity (120-volt plugs)		10.00		
Flag	1 National 1 State	2.50 per flag	National State	
Podium	1	30.00		
Platform Under Podium	1	25.00		
Public Address System (electric included)	1	40.00		
Microphones on Stands	3	10.00 each		
Table (folding)	3 - 6' x 18" 30 - 6' x 30" 7 - 60" round	max. \$30 a wk. 7.00	- 6' x 18" - 6' x 30" - 60" round	
	12 - Cocktail	10.00	30" round	
*Tablecloth (Royal Blue) 54" x 96"	10	3.25		
*Table Skirt (Royal Blue)	10	12.00		
*Fitted Tablecloth w/skirt (for 30" x 72" table)	12	12.00		
Tabletop Lectern	1	12.00		
Tent Setup Charge (Inserting and removing eyelets in tent piers)	(See Page 26)	25.00		
Hose and Water (nonpotable)	1 each	10.00		
Trash Can (If the event needs additional trash pickup—the event will be billed an extra \$25.00.	10	2.00		
		EQU	JIPMENT TOTAL	
WEEKDAY RATE (Unless Specified by the Executive Director of th	e Capitol Committee	(e) \$28.00 P	er Hour - LABOR	
WEEKEND RATE (Calculated by Number of People Attending Your	r Event)	\$37.00 P	er Hour - LABOR	
HOLIDAY RATE (Rate Determined by Execut Capitol Committee, Calculated by Number of Pe	rive Director of the Mople Attending Your	Aichigan Event)		
If you are a State agency, will you be inter-a If yes, which Department/Agency should be	billed?			
<u>Payment in Full Must Be Received Before</u> * Indoor use only	the Date of Your	Rally or Event.	TOTAL	
indoi use only				

The above rate will be charged per person for labor to erect, operate, and remove the public address system provided by the State. **In addition**, there will be a one-half hour labor charge prior to the event and a one-half hour labor charge after the event for setting up and taking down the public address system equipment.

Notes on the Public Address System

In the event of inclement weather (re: rain, snow, hail, mist, etc.), for safety reasons and to prevent damage to the equipment, the public address system will not be provided or will be removed if such weather occurs during the event. If the equipment can be sheltered under the portico (top of east steps), it will be moved to that location so the program can continue.

The system has the capability of more than one microphone and plays cassettes and CDs. No equipment (i.e. band, additional mikes, etc.) can be hooked into the State Public Address System.

I acknowledge that as sponsor of this event or exhibit:

I have read, understood, and will abide by the procedures governing the use of the public areas of the Capitol.

The sponsor is responsible for damages incurred as a result of the event or exhibit.

The sponsor will either restore or pay to have restored the area used for the event or exhibit.

The sponsor will indemnify and hold harmless the State of Michigan for damage or loss to the State arising out of the sponsor using the Capitol or the Capitol grounds.

Signature of Sponsor		Date	
	(A signature is required before an event will be scheduled)		
Name (Printed or Type	d)		
Address and Phone Nu			
(if different from Conta	act Person)		

Capitol Public Events Michigan State Capitol P.O. Box 30014 Lansing, Michigan 48909-7514

Phone: (517) 373-9617 **Fax:** (517) 373-8040

E-Mail: ttrowhill@legislature.mi.gov

To review Capitol Event and Exhibit Planner online:

www.council.legislature.mi.gov

- Legislative Council Facilities (home page)
- Planning a Capitol Event
- Capitol Event/Exhibit Planner